ASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

City or town. (If outside city or town limits, write HURAL and give nearest town) How ong in above place of death?. Hos ital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town imits, white RURAL and give nearest town) Street No. (If fural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hale white Harried	MEDICAL CERTIFICATION ? 20. DATE OF DEATH. CANADAY 5 1948 21 4.15 P.
6.(b) Name of husband or wife Ada Alugge Cacke 1. Birth date of deceased (mo., day, yr Access 11, 1886 8. AGE: Years Months Days If iess than one day 24 hrs. min. 9. Birthplace (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19
10. Usual occupation	Due to
14. Maiden name Sinnie Pierre 15. Birthplact Separating 16. Informant Sulius Carlie Address Oordova Add.	(Include pregnancy within 3 months of death) Major fisdings of operations
Burtal, cremation, or removal. Which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Address Clark Address Saston, Md. 19. (Costs of the products)	23. SIGNATURE Lamis A. Multy In D. D. M. D. or other
(Date fee'd by registrar) Registrar	Address / Traton YVVI Bate signed 1-6-48



2411 N. Charles St., Baltimore

.00871

19	CERTIFICATE OF D	EATH	Reg. Dist. No. 290
1. PLANE OF DEATH. County. Fit of Own. Fi	State. Street No	(1) odtside city or town limits, writ	Pall at
3. (a) FULL NAME		3	(b) Social Security Number
delson Ro. M.	Gentle 3		Ya-F
4. Sex 5. Color or race 6.(d) Single, marri	2D. DATE DF DEA	MEDICAL CERT TH. 22 at Leath occurred on the date above state	19.4/8-1/2 8
20 00 11 011	ve, give age	m 22 104/P	10 January 22 10 4
7. Birth date of	ald that I last sa	when alive on	1924
8. AGE: Years Months Days If	less than one day	into My se	undono 3 day
9. Birihpiace. (Town, egnnty, and atate)	Due to.		
10. Usual occupation transaction of the state of the stat	Due to	Childhis	/h 24/h
12. Name 11 sand Denfey 13. Birthplace Rayal Oak	Differ conditions.	(Include pregnancy within 8 months	s of death)
14. Maiden name. And Adde. M. Sur. 15. Birthplace Rayal Oak	Major findings o	f operations.	Date of op
18. Informant / A Stark John Comment		ease underline the cause to which de	
17	an 25-1942	If death was due to external causes, fill, or homicide	
Cemetery or crematory Rayal Quh	Where did Injury	Occur?(City or town)	
Location Day and Jakes		farm, Industry, public place (where?)	
18. Funeral director Angula 71 Allu	Mesne of Injury	, /	Injured at work?
Address Dalealury	23. SIGNATURE	Haypard !	Te Joseph M. D. or other
19	Registrar Address	astro, M	Date signed 1/23/4/

WITH UNFADING INK. Supply every item of information carefully and negotant. Physicians: please write the causes of death clearly and legib

WRIT

PLEASE

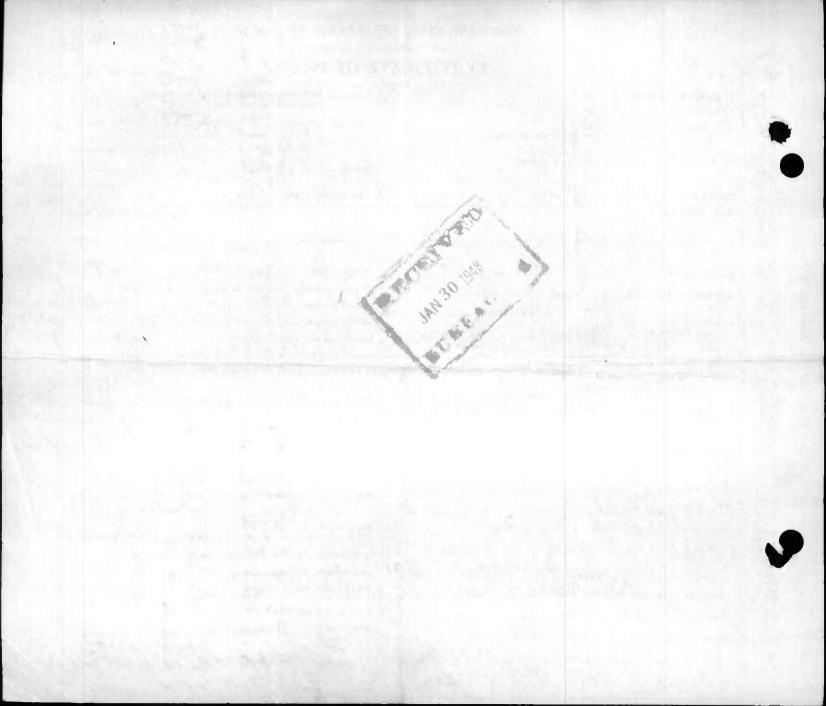
A15

NS

FOR BINDING

RESERVED

MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00872

CERTIFICATE OF DEATH

P. Diat. No. 290

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Man de l'action
City or lown	1 to do so la face
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
	Street No.
Memoral NospiTAL FRSIEN CON.	(If rural, give LOCATION)
How long in hospital of Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. James A Booker	
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
m w marined	20. DATE OF DEATH Jan. 10-1548 18 21 4 0 M
P 4. Q D	
8.(b) Hame of husband or wife Addia 1000000	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If allve, give ageyears	
7. Sirth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
about 65hrsmin.	3 7 - 12 - 1 - 1 - 1
	arteria cleran quality of breakyes
9. Sirihpiace	Due to
Don't have	
10. Usual occupation.	Due to
11. industry or business	
12. Name	Dther conditions
13. Birthplace Caroline Ca. mod.	(Include pregnancy within 3 months of death)
14. Maiden name Cure & vantage (Caroline Cs. 712)	Major findings of operations
₹ 15. Birthplace	
16. Informani M. 101. 20a 13. 13. 15. 15.	Autopay results.
Address 510 Kaing St. Whinington Del.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
O NI WALLEY	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation or remote Wheel)	Accident, suicide, or homicide
Cemelery or cremalory.	Where did injury occur? (City or town) (County) (State)
centerly of clematory	Injured at home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director Land Tom Non	Michigan At Industry Industry at Mark 1
Address Todaralibray mde.	136 In D
	23. SIGNATURE M. D. or other
19. (Date recki by registrar) Registrar	Address Easton 2nd Date signed.
(Date recid by registrar) Registrar	ACCIONS

AT THE RESERVE OF THE PARTY OF duley's HIT

CERTIFICATE OF DEATH

00873

	Reg. Dist. No.
1. PLACE OF DEATH: County County County County County County or lown limits, write RURAL and give nearest town) How long in ebose place of death? The position of the county of the co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Lawrence S. Cherbons 4. \$31 Male S. Color or raco White 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 2. 4 19.4 8 21.7 2.8
8. (c) Name of husband or wifo 8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than ood day	21. I CERTIFY That death occurred on the date above stated; that I altended deceased from 19. 48. to 19. 48. and that I last saw h
9. Birthplace	Duo 10 des person & yrs
1t. Industry or business 12. Name	Dther conditions
14. Maiden name Splia H Kessep. 15. Birthplace Carrline Co. 16. Informant Sucie C. Myaller Address 1495 Washapin of Sarty Md.	Autopsy results
17. (Burial, cremation, or remove). Which?) Cemetery or crematory. (month) (day) (year) Location	Accident, suicide, or homicide
18. Funeral director S.f. Muchaeli. Mc. Address S.f. Muchaeli. Mc. 19. (25 (Date rec'd by registrar) Registrar Registrar	23. SIGNATURE M. D. or other Address. Dato signed 1-2 4-5

UNFADING INK. Supply every item of information carefull, cant. Physicians: please write the causes of death clearly and

WITH CINE

PLEASE WRITE PLA

MARGIN RESERVED FOR BINDING



ATT CHEST

I do sty

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State Maryland County Lallet
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 127 Part St.
	(If rural, give LOCATION)
How long of hospital or institution? 3. (a) FULL NAME	
Willans Harry Clayton	3. (b) Social Security Number 2/2-16-1257
Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Cal. Dunyla	2D. DATE OF DEATH San 1 1948, at C A
6.(b) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) NoV, 20 1890	and that I last saw halive on
8. AGE: Years Months Days tf less than one day	<i>f.</i>
-37 / 12min.	Coronary occursion sumed
9. Birthpiace Prown, epunty, and atate)	Due to
1D. Usual occupation	Due to
11. Industry or business	DUE 10.
E 12. Name Asaac Cayle	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
El 15. Birthglace allow.	Date of op
16. Informant Caracter Soul also	Autopsy results
Address Cashen W. Y. D.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery exercitory Unissistella	Where did injury occur?
Location Timomville, Talkot Co. md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Leave 24. Newsy	Means of injury Injured at work?
Address 310 Souter St. Easton md.	Laving With mi) Drie
1/2 nd MA Marrie	23. SIGNATURE M. D. or other
19. Registror	Home HASTIN MI Pole signed 1 - V-49



Control of the Contro

he correct age

I WS:1:524-6

VS A15

PLEASE WRITE PLANLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

150C

018290 Reg. Diat. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city on town limits, write RURAL and give nearest town)	State M. Couoty Couoty
(If outside city on town mints, write KUKAL and give nearest town)	City or town
How long In above place of death	1010
	Street No. 4 (If rural, give LOCATION)
	2.(a) If veteran, name war.
How long in hospital institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Unnaldo Copper	220-01-7449
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr Col. Married	Can 7 1110.
7 Coll Millioner	20. DATE DF DEATH. 3 19.41.8 at 10.0 M
8.(b) Name of husband or wife	21. I CERTIES, that death occurred on the date above stated; that I attended deceased from
1117	Jan 7 1946 10 Jan 7 1946
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediato equise of death
8. AGE: Years Months Days It less than one day	Gente Why ocardilis 2 Soon
46 min. min.	
yallet - Co mid.	But fuld birth
9. Birthplace (Town, county, and state)	DUC 10
1D. Usual occupation	
	Due 10
11. Industry or business	
12. Name Jalustus Talliottes.	Dther conditions
13. Birthplace Jalloff Co.	(Include pregnancy within 3 months of death)
14. Maiden name Susie T3ailey	
5 10/1 1-01	Major findings of operations.
E 15. Birthplace Called Co.	Date of op.
16. Intermant of lives Copylian	Autopsy results
Address Wells Rein Wd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1/12/14/8	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?), (month) (day) (year)	Accident, suicide, or homicide
Fink and Sund	Whers did injury occur?
Cemetery or crematory	
Location Jalyat Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Alow M. Stanning	Meens of injury injured at work?
6 -t m	No. 1 1800 Melle aun
Address Caston	23. SIGNATURE DE CHARACTE DE LA CONTROL DE L
" 110 "48 DET 1/20 reex	A collection and M. D. or other
19. (Date rec'd by registrar) Registrar	AddressDate signed



H. BLAUVE

WRITE PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00876

CERTIFICATE OF DEATH

290

CERTITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County July Country Carton Mary Land (If outside etc. or town limits, write Rightal and give nearest town) How long in above place of death? Hospital, inelitution, or street address where death occurred: How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantageive residence of mother) State
3. (a) FULL NAME Overt Clarence 4. Sex 5. Cofor or race 8. (a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION
The war and	2D. DATE OF DEATH January 29 1948 21 10: 12
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated. That I attended deceased from
7. Birth date of deceased (mo., day, yr.) Qet 1, 1/8 79	and that I last eaw h Malive on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Monthe Days If lees than one day 3 27hrsmin.	Pulmoner en-
10. Usual occupation	Due to Otterno Sclenosno
11. industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Spushing 15. Birthplace Salbat, Country	Major findings of operations. At the street free of specific street free of sp
Address Addless Qual Ma	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Burial, cremation, or removai. Which?) Date thereof. Junonthi diay (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director for Section 18. Address Address	Meens of Injury tinjured at work? 23. SIGNATURE
19. (Dyte rec'd by registrar) 18. 48 M. M. Meyers	Address Paston nd Bate significantly, 48



Thinky & Pack

48 Total Mercal

information care of death clearly

ADING INK. Supply every item of Physicians: please write the causes

WITH UNFA

PLEASE

ARGIN RESERVED FOR BINDING

maryland state department of Health

00877

CERTIFICATE OF DEATH

CERTITICAL	Reg. Dist. No Co
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) State
4. Sex Scotor or face 8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6. (b) Name of husband or wife	20. DATE OF DEATH. 21. I CERTIFY That death occurred on the dale above stated; that I attended deceased from Plant of the state of the
11. Industry or business 12. Name	Other conditions
Address 17. (Burial, cremation, of smoval. Which?) Cemetery or crematory Localion 18. Funeral director. Address	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19	Address Date signed 1/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

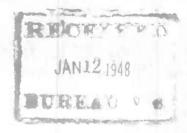
Leymon

00870

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH: County 1. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. W. Tordines	20. DATE DF DEATH
S.(b) Name of husband or wife S.(c) If alive, give age years T. Birth date of deceased (mo., day, yr.) Aug 78, 1867	and that Cast saw h. L.V. alive on Saves and the DURATION DURATION
8. AGE: Years Months Bays the less than one day hrs. min. 9. Birthplace Touch Taylor country, and at the hrs.	Bue to arterio Seleverio 10 1/15
10. Usual occupation. Valuable Surface 11. Industry or business	Due to
13. Birthplace Bristof Friggers	Other conditions
14. Maiden name. Adserdates Granif. 15. Birthplace Buffels, M. Y. 16. Informant. Paul Barrey.	Major fiedings of operations
Address Socion . Md, 17. (Burial, cremation, or removal, Which?) Bate thereof aw. 7, 19 48 (month) (day) (year)	PHYSICIAN: Please woderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Loc	- Where did injury occur?
Address Silva De M. H. Merrus	23. SIGNATURE Theliam & Seymond M. D. or other 100



(1)	1	3	N	1	110	
-()	П	j	0	-	()	

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Marshand County Stalket
City or town	The state of the s
How long in stove place of death?	(If outside city or town Minits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No.
I consider to spetal at baston, Italy	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Phillip Libra	3. (b) Social Security Number
4. Ses S. Color or race (6.(a) Single, married, widowed, or divorced Black Widowed.	MEDICAL CERTIFICATION 20. DATE DF DEATH
5,(b) Name of husband or wife Selly Hilson	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Unique 1875.	and that I fast saw h. India
8. AGE: Years Months Days If less than one day	
73?hrs	nin.
111 A March	
9. Sirthplace	Due to
7. 03.04.	
to. Usual occupation	Dus to
tt. Industry or businese	
12. Name. John Hehrau.	Other conditions Musicking Gallery
13. Birthplace lenknown	Melune. The
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown 15. Birthplace Labort Chreuly	Majur fiudings of operations.
E 15. Birtholace Jalbat Christy	Date of op.
Oliver H. have hat have	Autupsy results.
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Amgivords, Me	
17 Buriel Date thereot. Two 10, 194	
(Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematers Multipulate	Where did injury occur?
Location Leaston mad Ry.	Injured at home, farm, industry, public place (where?)
18. Funeral director Maurice & Hewmann + Co	Mssns of Injury Injured at work?
Address Easton and	- Beellus
1/8 us n. H. nerre	23. SIGNATURE M. D. or other
19	rar Address Carba Cuc Date signed) - 27

FOR BINDING

MARGIN RESERVED



hat have a first of the party

MARGIN RESERVED FOR BINDING

PLEASE, WRITE PLATEY, V 9-45-15M

A15 SN

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County / Jack J	(For newborn infants give residence of mother)		
City 610 N Rural Castro	State Ma County Vaclus		
(If outside city or town-limits, write RURAL and give nearest town)	City or town amal Blackers		
How logarin above place of death? 34 ju.	City or town	rest town)	
(flooded, institution, or street address whose death occurred:	Streel No.		
3	(If rurat, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security 1	Number	
David Gregg.			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M. W. Married.	20. DATE DE DEATH 22000 5 1948	, atI	
Eliza R. Color Drings	21. I CERTIFY that death occurred of the date above stated; that I attended decea	sed from	
6.(b) Name of husband or wife 6.(c) If alive, give age 7. year	O O Wines	4 19.8	
7 Did date of	and that I last saw h is an alive on	19.4.8	
deceased (mo., day, yr.) herek 7, 1880	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Consistere Least Carline	12 mills	
67 10 3min			
9. Birthplace (Town, county, and atate)	Due to Hyper Jenson	124-	
10. Usual occupation. Attines			
11. Industry or business	Due to	************	
		<i>A</i> .	
12. Name Descy Dugg 13. Birthplace Pa.	Dther conditions		
14. Malden name late & wilk	(Include pregnancy within 3 months of death)		
14. Malden name 1. 21.			
A 1 9	- Date of op		
16. Intermant	Antopsy results	detistically	
Address Reserg Conn.			
17 Beniel Bale thereof Fan. 1,1948	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory waring week.	Where did injury occur?	(State)	
and he	injured at home, farm, industry, public place (where?)	(
Location			
18. Funeral director Additional Court	Means of Injury Injured at work?		
Address Sasten. In1	23. SIGNATURE M. V. Palmer N. D.		
19 1/6 1948 M. H. Merry	23. SIGNATURE M. D. O. M. D. D. D. O. M. D. D. O. M. D. D. D. O. M. D.		



2411 N. Charles St., Baltimore

00881

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	mand Lebit
(If outside city or town limits, write RURAL and give nearest town)	State Messeland County Esta
How long in above place by death? Nine days	(if outside city or town limits, (Trie RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No.
manacial Haspital	(If rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mis Ellie Hassington	
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F White Single	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date share stated; that Lattended deceased from
6.(b) Name of husband or wife	Jaco, 71 19.48 10 Jace, 1709 19.48
	and that I part saw h. e.W. alive on
7. Birth date of deceased (mo., day, yr.) May 1, 1870	
8. AGE: Years Months Days If less than ons day	Tamediate Court
77 8 10nrsmin.	10 millo-Juliuria 10 days
0	
9. Sirthplace	Due to My O LATOLO X HALLENCE JOHL
(Town, county, and atate)	
10. Usual occupation	Due to
11. Industry or bysiness	
	Bit
12. Name My Jenge Harrenglow	Dither conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Mare au aldre d ge	
\$ 15. Birthplaga Phela Pa	Major findings of operations.
21 15. Birinpiaca	
18. Informant Aller	Autopsy results.
Address Lettle Lambarder Casten, Mrs.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 90/40	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or emoval. Which) (Buriai, cremation, or emoval. Which)	Accident, suicide, or homicide
dan Omadil	Whers did injury occur?
Cemetery or cremator	
Location Location	Injured at home, farm, Industry, public place (where?)
18 Superal directors MMM, NO WORLD MMM	Masses of Injury Injured at work?
18. Funeral director.	961: 17
Address / FUES Dell Mills	23. SIGNATURE Salleaux & sequescry
They was mid. normer	M, D. Mother
19 18TO	GOATTO INCL. Sec. (171)

MARGIN RESERVED FOR BINDING

VS

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

legibly.

JAN 24 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town St. Michaels. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md County Taltoot City or town St. Michaels. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Elsie V. Johnson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored married	20. DATE OF DEATHJanuary 17, 1948 19
6.(6) Name of husband or wife Harrison M. Johnson 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) June 18 1889	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1947 to Jan. 17, 1948 and that I last saw h er alive on Jan. 17, 1948 19
deceased (mo., day, yr.) June 18 1889	Immediate cause of death OURATIO 18 mg
9. Birthplace Preston Caroline, Co. Md. (Town, county, and state) 10. Usual occupation. Housewife	Due to. Unknown
11. Industry or business	Due to
E 12. Name Frank Sharp 13. Birthplace Preston, Maryland.	Diher conditions Hypertension
14. Maiden name Susan Smith 15. Birthplace Preston, Maryland . 16. Interpretation of the state	(Include pregnancy within 8 months of death) Major findings of operations
\$ 15. Birthplace Prescott, and y rather	ing entire stomach Date of op. Dec.
16. Informant Harrison M. Johnson Address St. Michaels, Md.	Antopsy results
Burial Burial Jan 20,1946 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Mt. Pleasant Cemetery	Where did injury occur?
Location Preston, Maryland	Injured at home, farm, Industry public place (where?)
18. Funeral director Newnam & Harrison	Means of Injury Injured at Work?
Address St. Michaels, Maryland	23. SIGNATURE LILLA Stoursalling M. D. or other
19. (Datorec'd by registrar) 1944 Mus (Ast) K, Seth. Registrar	Address St. Michaels, Md / Date signed 1.18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

but alternated at to



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

200			_	_	
	Reg. Dist.	No.	2	9	O

CERT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate
3. (a) FULL NAME Rozella) Rey 4. Sex 5. Color or race 6. (a) Style, married, widowed, or Lemale Colored Single 8. (b) Name of husband or wite	20. DATE DF DEATH January 22. 19 43 at 11 43 2. 21. I CERTIFY that death occurred on the date above dated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one dahrs.	and that I tast saw h and allve on 19 J. Jamediate cause of death DURATION The React Control of the Control o
9. Birthplace	Due to.
12. Name Unk. 13. Birthplace Norfolk Va. 14. Malden name Use Le. 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
Address So-mickel 52 17 Jural Bate thereof (month) (de	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 27 / 448 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Bate of (City or town) (County) (State)
Location Clauforne Dud 18. Funeral director Levran + Northwell, % Address	tnjured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?
19	Registrar Address Sant M. D. or other

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully the important. Physicians: please write the causes of death clearly and legible

VS A15 9.45-15M
PLEASE WRITE PLATVLY, V



2411 N. Charles St., Baltimore

00884

CERTIFICAT	E OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Sarah am Kenslow	none
4. Sex 5. Color or race Col. Midwell 8.(a) Single, married, widowed, or divorced Col. Midwell 8.(b) Name of husband or wife Chas. M. Keinslow	20. DATE OF DEATH
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day P2 / 0 - hrs. min.	and that I last saw here alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to
11. Industry or business of the Deskield 12. Name Salowa Deskield 13. Birthplace Jallat Co.	Dither conditions
14. Maiden name Sarah Rallium 15. Birthplace Jelbot Co.	Major findings of operations.
18. Informant Chase Deshield (Bio.)	Autupsy results
17. (Burial, cremation, or removal, Whieh?) Date thereol. (month) (day) (year)	22. VIOLENCE: It dealh was due to external causes, till in the following: Accident, sulcide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Talkot Co	Injured at home, tarm, industry, public place (where?)
18. Funeral director Lean 24 Secure	Meens of Injury Injured at work?
Address Easton Sul.	23. SIGNATURE OUT OUT OF THE M. D. or other
19. (Date rec'd by registrar) Registrar	Address CAD PT-HO

MARGIN RESERVED FOR BINDING

LATALY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and

comment age

PLA is es

PLEASE WRITE

VS A15



BOOK STATE OF THE STATE OF THE

MARGIN

LAINLY, Vespecially

PL is (

WARTE

PLEASE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

291 Reg. Diat. No....

	the transfer of the control of the c		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Talbot	(For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Talbot		
	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death 8. y.e.a.p.g. Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)		
	Street No.		
	(If rurel, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
### Lovett 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE DF DEATH. 1 - 2 4 19 48 21 4 2.		
6.(b) Name of husband or wife Ralph E. Lovett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
82 mars	6-6 1948 10 1-24 1948		
7. Birth date of	and that I last saw h. L.Y. alive on 1-23 1949		
deceased (mo., day, yr.) oune 25, 1869	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pullunce Co toles 1 day		
78 6 29hrsmin.	7		
9. Birthplace (Town, county, and state)	Due to.		
, , , , , , , , , , , , , , , , , , , ,	Cardiac tailur 3days		
10. Usual occupation housewife			
11. Industry or business	Due to Comments of the Comment		
×1 william Proces	faller 6 wells		
12. Name England	Dither conditions		
	(Include pregnancy within 8 months of death)		
置 14. Maiden name unknown	Major fiediogs of operations		
14. Maiden name unknown 15. Birthpiace unknown			
16 Informant Mrs. John Harrison	Actors results		
Address DOZMan, Md.	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof. J. an. 26. 1948. (Burial, cremetion, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory. Cemetery			
	Where did Injury occur?		
Location Bozman, Talbot Co., Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Newnam & Harpison	Means of Injury tajured at work?		
Address St. Michaels, Md.	23. SIGNATURE M. J. Buell M. D. or other		
	23. SIGNATURE M. D. or other		
19. Jake 16 (1948) Miss, Rolf. We Kelly Registror	Address Easton lld Date signed -25-48		



PLEASE WRIDE

rect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

altimore 87

00880

CERTIFICATE OF DEATH

Reg. Diat. No. 290

V CERTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH. County City or dawn. (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospikol, institution, or street address where death occurred: Thou long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or rack. 6.(a) Single, married, widowed, or divorced with windowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 20 3 19 48 31 11 52
8. (c) Name of husband or with the state of	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from 19
11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace	Dither conditions Allies Continue Services years. (Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results.
16. Informant Address 17. Date thereot (month) (day) (year) Cemetery or crematory. Location	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, sutcide, or homicide
18. Funeral director	23. SIGNATURE M. D. or other Address Date signed 1-23-48



VS A15

树

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00887

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
V		State Maryland county acoline	************
1	City or town	City or town (If outside city or town limits, write RURAL and give nearest tow	2
N	How long in above place of death? 5 12 2016		
I	Hospital, institution, or street address where death occurred:	Street No. Near Hichola	
	MEMORIAL Hospital or faston, Illd. And	(If rural, give LOCATION)	./
	Now long in hospitator institution? 5 12 dougs	2.(a) If veteran, name war	Y
	3. (a) FULL NAME	3. (b) Social Security Number	r
	1110-614		
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	Male 13 lingle	20. DATE OF DEATH. 1948, al. 9	7:05 AN
1		21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	
Ш	8.(b) Name of husband or wife	240447 6 19 4 9 10 June 49 15	
	7. Birth date of	and that I last saw h & A. alive on Junuar, 19	
	deceased (mo., day, yr.) Lanuary 8, 1948		
ľ	8. AGE: Years Months Days If less than one day	Immediate cause of acatal	DURATION
	0 0 7hrshrs.	J	duy.
		Denie Gustro Intertra el Hemorhoye	G.4
	9. Birthplace Tederalsburg Maryland R. 7.D. W		1
	10. Usual occupation.	undetermined Crisis.	<i>Q</i>
1		Due to	
	11. Industry or business		
	12. Name Emerson Edward Yichels	Other conditions	***************
	13. Birthplace Federalsburg, Maryland	(Include pregnancy within 3 months of death)	
1	14. Maiden name Glasy Mase Maps 15. Birthplace Painter Virginia		
	D . 4 7	Major findings of operations	
	El 15. Birthplace Menter Verginia	Oate of op	
	16. Informant Gladys Nac Mapp	Autopsy results.	49
	Address Federalsburg Karyland R.T.D. # 2	PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;	
	(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
1	Cemetery or crematory Lederal this Counterry	Where did injury occur?	e)
	Location Lederalsburg baryland	Injured at home, farm, industry, public place (where?)	***************
1	7 // 2	Means of Injury Injured at work?	
1	18. Funeral director J. J. F. Tamptom and long		
	Address Federalsburg horryford	22 SIGNATION TURE A Turnelly	
	11. Le not not not	M. D. or other	
	19	Address Tuty thorque Oate signed 1/12	144

JAN 24 1948

00883

MARYLAND STATE DEPARTMENT OF HEALTH 460

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 2	man Pared 1 2000 Augusta
Cliy or town	thing. MA
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or atreet address where peath occurred:	Street No.
The Thendrial Tappetal at baston mo	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olly moore	
4. Sex // 5. Color or race 6.(a)Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20 DATE DE DEATH RESULERY ST 1948 21 1 A
W MADE	SU, DATE DE DEATH
6.(6) Name of husband or wife. Mrs. Mary Moore	21. I CERTIFY that deam occurred on the date above stated; that I attended deceased from
	11.00
7. Birth data of (0 + 28, 189)	and that I last saw h Adam along in
deceased (mo., day, yr.) RACE. Years Months Daya It less than one day	Immediate cause of death
8. AGE: Years Months Daya It leas than one day	persent 24a
d6min.	
& Sitholace Queen and county had	Due to Usperation I blend 200
3. Sirthplace(Town, county, and atate)	
1D. Uaual occupation. Tune	Buo da
11. Industry or business	Due to
	(Aren remail I and leader)
12. Name	Other conditiona.
	(Inches pregnancy within 3 months of death)
14. Malden name Mary A Shework 15. Birthplace Wil akrae	Paras same 7 parallers
S w sixtheline N le l'alle and a c	Major findings of operations affected and Last prague
∑ 15. Birthplace Charter Chart	/3 74 4 0
16. Informant 1.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rece That	
Busial 21948	22. VIOLENCE: It death was due to external causea, till in the tollowing;
(Buriai, cremation, or removal; Which?) (Buriai, cremation, or removal; Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Church Itel	Whera did Injury occur?
18 us al 7+ 188	Injured at home, farm, industry, public place (where?)
Location	Meena of Injury injured at work?
18. Funeral director. E. A.	21-17/11
Address (Norch Hell, Mide	23. SIGNATURE
1/6 1/48 n.H. Neero	9 M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed

PLATALY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and PLEASE WRITE

MARGIN RESERVED FOR BINDING

A15 NS



HUNFADING INK. Supply every item of information carefully. The content. Physicians: please write the causes of death clearly and legibly

A15

VS

PLAINLY, WIT

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH The correct age

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bozman, Md.	State Md. County Talbot
City or town	Loamon .
How long in above place of death? Life Mospital Institution or street address where death occurred:	City or lown
Hospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ida B. Neavitt	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widow	20. DATE OF DEATH. January 2 19 48, 21 2:05 F.
Edward S. Neavitt	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(c) If alive, give ageyears	December 19 19 47, 10 January 7 19 48
7. Birth date of deceased (mo., day, yr.) July 28, 1860	and that I last saw h le alive on January 7 19 4.
8. AGE: Years Months Days It less than one day	Immediate cause of death
O. AGE.	Myocardial facture Ty for
	Chelmonary Edona TV low
Bozman, Talbot Co, Maryland (Town, county, and state)	Oue to Metal Storages and
10. Usual occupation. Housewife	Prsufficerycy -
10. Usual occupation	alute Chouchetia. 5 Says
11. industry or business	
# 12. Name William McQuay	Other conditions Leveralized atterescellance
13. Birthplace Bozman, Talbot Co, Maryland	(Include pregnancy within 3 months of death)
14. Maiden name. Arianna Ridgeway	
E	Major fiadioss of operations
15. Birthplace Bozman, Talbot Co, Maryland	
16. Informant Albert Neavitt	Aotopsy results.
Address Bozman, Talbot Co, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
, Burial Jan. 5th. 1948	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?) Bate thereof. Jan. 5th. 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Church Cemetery	Where did injury occur?
Bozman, Maryland	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
19. Funeral director Newnam & Harrison	
Address St. Michaels, Md.	22 SIGNATURE arokus V. Michaeland mo
and the sould Valle	M. D. or other
19. (I) for rec'd by registrar) 19 4.8 May 1944 a Registrar	Address D. Muchaelo Dato signed Jan. 20 199

JAN 6 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. Jally County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sector St. 1	State Maryland County Fallat
City or town hands, write RURAL and give nearest town) How long in above these of death? 2.4	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
megiation Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2.4	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Charles Pretlyman	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Windower	20. DATE OF DEATH ! C. Jennessy 1948 at 1 pm M
6.(b) Name of husband or wife Access Challegnes	21. I CERTIFY that death occurred on the date pove stated; that t attended deceased from
	12/24/1947, 10/6 Jan 1948
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
99 7. 4 13 hrs. min.	2. 71 -
	The state of the s
9. Birthplace Allauran (Town, county, and state)	Due to
10. Usual occupation. Rong	
11. industry or business	Due to
= 12. Name Mr. John W. Prellyman	Other conditions.
13. 8 rthplace Warsel	
# 14. Maiden name Herral Massey	(Include pregnancy within 8 months of death)
5 110	Major findings of operations
W. 11 (1)	Date of op
18. Informant The Harrier Williams	Antopsy results
Address Pasley Ma / anrel & addless	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide. N. dulles Date of
Cemetery or crematory Spreng Held	Where did injury occur?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(City or town) (County) (State)
Location	Meens of injury Injured at work?
18. Funeral director	m o
Address Orloy, MAG.	23, SIGNATURE 2 Coy 2n D
19. 1/17 1948 n. TV- Neers	M, D, or other
(Date rec's by registrar)	Addrace 2 at the Date signed 1-18 45



PLEASE

(Date /ec'd by registrar)

BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00891

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Goeff	Tack Tack T
City or town Acres Care	State County
If outside city or town limits, write RURAL and give nearest town)	City or town Ouce and
How long in above place of death? 50 40.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospitat or Institution?	2.(a) If veteran, name war
3. (b) FULL NAME	2 /h) 5 15 15 N h
Hannie R. Reader.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 Y 7 7 7	NOT 845
M. Co. Manuel	2D. DATE DF DEATH 19.7 21.0
Chil 1 Rholes.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	There 22 1048 10 Jan 22. 1948
6,(c) If alive, give age Do years	Til 22 9 1 - 10
7. Birth date of descent (mo day vr.) October 9 1868	and that I tast saw h
Because (ino.; way, 7.1.	Immediate cause of death
8. AGE: Years Months Days If less than one day	Trappo STates / Turner Z days
79 3 13hrsmin.	7
2.0	
9. Birthplace (Town, county, and state)	Due to
(Town, county, and state)	
10. Usuat occupation.	Due to.
11 Led above broken	
tt. Industry or business	el- banker a help to the it out
12. Name W. Unice.	Diher conditions
13. Birthplace .	3 40, . arland ocerosco
El 10 / Our have	(Include pregnancy within 3 months of death)
= 14. Malden name	Major findings of operations.
H. Malden name Arch alles	Date of on.
The Se of alice	
16. Informant	Antopsy results
Address Vices asses Ad.	
The section of the se	22. VtOLENCE: If death was due to external causes, fill in the following;
(Buriel, eremotion, or removal, Which?)	Accident, suicide, or homicide
(Buriol, eremotion, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Creston Mr.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director / College Con H	Modified Control of the Control of t
9.7 WI	23 SIGNATURE W. Henry Fisher
Addrés Delles VIII	23. SIGNATURE W. YEWY O'VERLY
1/03 48 M. M. Morres	M. D. or other
(Date rec'd by registrar) Registrar	Address authoritie Ma Date signed /23 48



PLATALY, v is especially

PLEASE WRITE

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	(For newborn infants give residence of mother)
County.	State Maryland County Leb Jameen anne
City or lown	CIA LUD Co Tourille
How long in above place of death? 7 km. 15 min.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred;	Street No.
memorial trafection	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Hallon Seven	
4. Sex // 5. Soor or race 6.4 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m B marriel	2D, DATE DF DEATH 1 . 8 - 48 19 21 11 972 M
La dia la mare	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	1 - 8 - 19 4.8 , 10 / - 8 - 19 4 8
7. Birth date of	and that I last eaw h. American allye on
deceased (mo., day, yr.) March 22, 1909	Immediate cause of death
8. AGE: Years Months Days If less than one day	SMM Columb Car De Central
38hrsmin.	Chronic interattial neghriti 6 mm
Reportly and	
9. Birihplace	Due to
10. Usual occupation farmer	Due to
11. Industry or business / / Or allows	Due to
12. Name SQL (1) 13. Birthplace (2) QL (1) 기가	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Alls All	Major findings of operations
14. Maiden name Sessage Machella 15. Birthplace 13. Cb. W.d.	Date of op.
And a domen	Astoney results
18. Informant	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address Children Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date Iherept (month) (day (year))	Accident, evicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Edglas & Land	Msans of Injury Injured al work?
Oh y Will had	127 P 3. A
Address Aunch Fred Fred	23. SIGNATURE
19 148 D. H. Merry	6 4 1
(Date red'd by registrar) Registrar	Address Date signed Date signed



MARGIN RESERVED FOR BINDING

age

J'smes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00893

CERTIFICATE OF DEATH

CERTIF	ICATE OF DEATH Reg. Diat. No. 290
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate County County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Levral a W	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced of the color of	MEDICAL CERTIFICATION 2D. DATE DF DEATH
	12-9-47 19 10 14 8 19 19 19 19 19 19 19
9. Birthplace (Town, county, and state) 10. Usual occupation (December 2)	Due to
11. Industry or business 12. Name	Diher conditions Carles Selenative (Include pregnancy within 3 months of death)
14. Maiden name. Lucif Africana. 15. Birthplace Deard arens Co	Major findings of operations Date of op.
Address Forton wed Burk	Autopsy results
(Buriof, cremation, or removal. Which?) Cemctery or crematory Date thereof (month) (day) (yet)	Accident, suicide, or homicide
Location ADATOMA DUMAN READING	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Tellowed Tell	23. SIGHATURE. Zee Haline M. D. or other Active Contant Sund M. D. or other Aggistrar Address Contant Sund Made signed.

JAN 9 1948

wee a . m

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

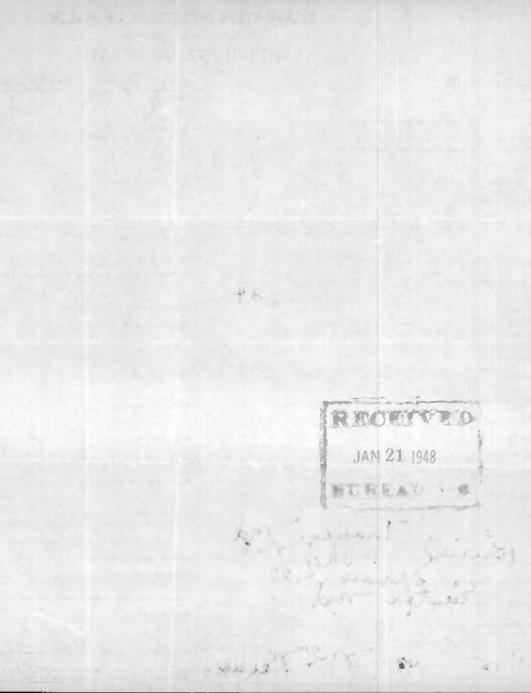
CERTIFICATE OF DEATH

00894 No. 290

Reg. Diat. No......

4801

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Tallo	(For newborn stants give residence of mother)
City or town	State Mary Land county Lalbol
How long in above place of death? A Claus	City or town
Haspital, Institution, or street address where death occurred:	Street No
MEMORIAL Hospital or Gasion, Md one	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mrs. Posalie Walton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married.	
Female White Married	20. DATE OF DEATH January 14 1948 at 11:15Am
6.(b) Name of husband or wife. Mr. William Wallan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1-5 1948, 10 1-15 1948
7. Dirth date of	and that I last eaw h lacalive on 1 - 14 1948
deceased (mo., day, yr.) Uprel 20 - 1914	Immediate cause of death
8. AGE: Years Months Days It less than one day	3 suce
33 a hrsmin.	
lastan And	Stricture Dr. Lans 3400
9. Birthplace	Due 10.
10. Usual occupation	Due to Ca Squam cell of
11, Industry or business	Cervix // /year
12 Name My Chris Schools have	Other conditions
13. Birtholace Nelracka O. N	
	(Include pregnancy within 3 months of death)
14. Maiden name Darller lugge	Major findings of operations
9 15. Birthplace Heliaska	Date of op.
16. informant Mar Willeam Wallow	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address State napper	22. VIOLENCE: If death was due to external causes, till in the following;
17 Jurial Date Herest 1.7148	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (day) (year)	
Cemetery or crematery	Where did injury occur?
Location toolky man	Injured at home, farm, industry, public place (where?)
Lea Elano Vilas	Means of Injury Injured at work?
18/ Funeral director	
Address Caston Htc.	VTB I bler
11 - 100 MAN	23. SIGNATURE M. D. or other
19	Address Castan Wate signed / 4/4



PLEASE WRITE

VS A15

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00 990 Rog, Dist. No. 290

	Reg. Dist. No
i. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhors infants give residence of mother) State City or town (If outsidecity or town limits, write RURAL and give heapts) town) Street No. (If rural, give LOCATION)
Howing In hospital or Institution?	2.(a) If veleran, name war
Maude Parner Harner	3. (b) Social Security Number
1. Set 5.00 pr or race (S.(b) Sligie, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JANUARY 9. 1948 at 4:15 A.
6.(b) Name of husband or wife Defred J. Harner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allive, give age 63 ye	and that I last saw h alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
55 6 17hrsm	in. Spoplety 3 days
9. Birthplace (Town, county, and stay)	Due to Appention, malgiant 1575
1D. Usual occupation	Due to.
12. Name Ohagles Speriet Parner	Dther conditions
14. Maiden name Alertie Frice 15. Birthplace Harylands	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Harylands	Date of op.
16. Informant Officed D. Harrier (Harband	Autopsy results
Address Caston, Mfd.	an ANDIENCE, it don't wan due to external enuese. fill in the following:
17. (Burid, cremation, or removal, Which?) Date thereof (month) (day) (year)	neerecti, earlest, of the second
Cemelery or crematory	Where did Injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	12 P 2 2 0
Address Address Address Address	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registr	rar Address Laston hol Date signed 1-9-48

JAN 21 1948

MARYLAND STATE DEPARTMENT OF HEALTH

age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: 10 + 0 + 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	Tool to
(If outside city or town limits, write RURAL and give nearest town)	ma Da !
How long in above place of death? one day	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No
	(If rural, give LOCATION)
How long in ospital or institution?	2.(u) If veteran, name war
3. (a) KULL NAME	3. (b) Social Security Number
Lalla Webb	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 3.
Timale Black Married	20, DATE OF DEATH 3 / 3 1948 at 3
ames West	21. I CERTIFY that death occurred on the date above stated; that I sitended deceased from
6.(b) Name of husband or wife	12-6- 1947, 10 1-13 1948
7. Birth date of 9 10000	end that I last saw h 22 alive on 1-13-48
deceased (mo., day, yr.) Ullque 1) 1887	Immediate cause of death
8. AGE: Years Monty's Days If less than one day	Peritoutie 24kg
hrsmin.	
3. Birthplace South Carolina	Due to Kuplied Line 26 Hot
(Town, county, and state)	
1D. Usual occupation	Due to Sela Silitalina 284
11. Industry or businessy	
12. Name Author More	Dther conditions
13. Birthplace gould Cavena	(Include pregnancy within 3 months of death)
14. Maiden name Sagannah 15. Birthpiage Louth Carrlena	Major findings of operations
15. Birthplage Louth Curlena	Date of op. 1./ 1.3./4.8
18. Interment James Welf	Autopsy results. Khipling Louis L
Address & Mr Danello Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1948 the 1948	22. VIOLENCE: tt death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory terretay	Where did injury occur?
Politica mal	Injured at home, farm, industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director.	0 0 0 0
Address St. michaels. Trig.	23. SIDNATURE J. T. B. Chubler
114 14 15 1 Herry	M. D. or other
19. (Date rec's by registrar) Registrar	Address Taslon The Date signed 1/14/48

TO MELETINEAU AND SERVICE 01-56 tolegot but الكسائدين المالية RECEIVED JAN 21 1948 BUREAU V . WILL BE JAY